

## FINANCIAL INTEREST STATEMENT AND ADDRESS VERIFICATION CANDIDATES FOR COUNCIL POSITION 4

All City of Seattle officials and employees are subject to the provisions of Seattle Municipal Code (SMC), Chapter 4.16, (the "Ethics Code"). The purpose of the Ethics Code is to ensure that no public office is used for personal gain; and that the public have confidence in the integrity of its government. An individual with certain financial interests may be prohibited from participating in City business, as specified in the Ethics Code. Please see SMC 4.16.070, attached as <a href="Exhibit A">Exhibit A</a>, for a list of prohibited conduct.

The City Council is interested in knowing whether you have any financial interests that could be an issue with your service on the Council. Please answer the following questions to the best of your ability. Answering "Yes" does not necessarily disqualify you from consideration:

1.	Do you, or any member of your family, <b>receive compensation</b> from any person or entity that engaged in any transactions or activities with Seattle City government in the past five years?	□No	Yes, please complete item 1 or page 2.
2.	Do you, or any member of your family, have a <b>direct financial interest</b> in any person or entity that engaged in any transactions or activities with Seattle City government in the past five years?	□No	Yes, please complete item 2 or page 2.
3.	Have you, or any member of your family, served in the past five years as an officer, director, trustee, or employee of an entity that engaged in any transactions or activities with Seattle City government?	□No	Yes, please complete item 3 or page 2.
4.	After referencing SMC 4.16.070, do you have any other relationships, employment history or financial interests that you feel could be an issue with your service on the Council under the Ethics Code?	□No	Yes, please complete item 4 or page 3.
C	n order to be eligible for appointment to Council Position 4, you must be a res days (City Charter Article IV, Sec. 2; Article XIX). Please confirm your eligibilit esidential address and affirming the length of your residency at that address:		
	Street Address:		
	Zip Code:		
	Resident at this address since:	_	
and	ertify under penalty of perjury under the laws of the State of Washington that the state of the		
Sig	nature: Date:		
Sig	ned at, Washington (City or other location must be filled in.)		

Note: If you are appointed to the City Council, you will be required to complete a "Personal Financial Affairs Statement" on a form provided by the Seattle Ethics and Elections Commission (SEEC). Please see SEEC Form F1, attached as <a href="Exhibit B">Exhibit B</a>

**EXPLANATIONS FOR RESPONSES ON PAGE 1:** (Use additional sheets if necessary. For assistance, please call the Seattle Ethics and Elections Commission at 684-8500.)

1.	Please provide the name and address of each person or entity for which you answered Yes on page 1					
	Name:					=
	Address:					-
						-
2.	Please prov	ida tha nama s	and address of each	antity for which you	u answered Yes on page 1.	
۷.	riease piov	ide the name a	ind address of each	entity for writerr you	u answered res on page 1.	
	Name:					=
	Address:					_
						-
3.	Please indic	cate (i) the nam	e of the person hold	ing the position (yo	ou or an immediate family member); (ii)	the
	title of the o	ffice, directorsh	nip, trusteeship or em	iployment held; an	nd (iii) the name and address of the entit	ïy.
Pα	rson holdina	the position:			_	
	_	•				
, <u>—</u>						
Entity name:						
Entity address:						
					_	

4.	Please describe the relationships, employment history or financial interests for which you answered YES on page 1.